

**EXPORT-IMPORT BANK OF THE UNITED STATES
REPORT OF OVERDUE ACCOUNTS UNDER SHORT-TERM POLICIES**

POLICY NUMBER: () - Report submitted for month of 19 ; or ☐ IF NO OVERDUE ACCOUNTS, CHECK HERE ☐
(prefix) (number) Date Received
renewal purposes.

INSURED: _____
BROKER: _____
ADMINISTRATOR: _____
(Umbrella Policies only)
(Contact: _____ Phone: _____)

SEE REVERSE SIDE FOR ADDITIONAL
NOTES AND INSTRUCTIONS ON
COMPLETING THIS REPORT.

I T E M	NAME OF OBLIGOR (please avoid using acronyms) (refer to Note 2. on back)	COUNTRY OF OBLIGOR	AMOUNT OVERDUE	TOTAL INSURED AMOUNT OUTSTANDING WITH OBLIGOR	Past Due Code (see list on right)	Overdu e Reason Code (see list on right)
1.	LIC Ref. # -->					
2.	LIC Ref. # -->					
3.	LIC Ref. # -->					
4.	LIC Ref. # -->					
5.	LIC Ref. # -->					
6.	LIC Ref. # -->					
7.	LIC Ref. # -->					
8.	LIC Ref. # -->					
9.	LIC Ref. # -->					
10.	LIC Ref. # -->					
PAGE TOTALS						
complete only on last page --->			REPORT TOTALS			

DAYS PAST DUE (see Note 1 and Note 3(e) on back)

	CODE
30-60	A
61-90	B
91-120	C
121-180	D
181-270	E
271-360	F
Over 360	G

<u>OVERDUE REASON</u>	CODE
Cash-Flow/Commercial Problems*	99
Foreign Exchange Problems (local payment made)	1
Insolvency*	3
Dispute* (Product; terms; documents; etc.)	4
Slow Pay Typical	5
Natural Disaster	7
Buyer Re-organizing	8
Other*	9

* Please use space on reverse side for more
detailed explanation of the overdue item
and prospects for recovery.

We hereby certify that this report is a true and complete statement as required by the policy, that we have read the additional notes and instructions on the reverse side and that we understand their application to the pertinent conditions of the policy.

Name of Preparer: _____ Phone () _____

Signature: _____ Date Prepared _____, 19 _____ Page No: _____ of _____ Pages
(If applicable, use Administrator's signature) (month) (day)

USE SEPARATE REPORT-FORMS WHEN REPORTING OVERDUE ACCOUNTS UNDER DIFFERENT POLICIES
OR DIFFERENT POLICY NUMBERS.

MAIL THIS REPORT TO: EXPORT-IMPORT BANK OF THE U.S., INSURANCE DIVISION
VERMONT AVE., N.W., WASHINGTON, DC 20571

811

NOTE 1. Check your policy to determine when you should begin to report an account as overdue. Generally, policies require that an overdue report be filed only under the following circumstances: (a) each time your policy is due to be renewed, in which case all overdues in excess of 90 days (irrespective of the amount of the overdue) must be reported; or (b) each month until the overdue is paid or until a claim is filed for buyers more than 90 days past due on obligations (insured and uninsured) totaling more than \$100,000. Bank policyholders are generally required to report all overdues of 30 days or more (under Bank Letter of Credit policies) or 90 days or more (under Bank Deductible policies).

NOTE 2. Enter the L/C Ref :# (Letter of Credit Reference Number) if you are a bank policyholder (or other financial entity) and are reporting a letter of credit transaction. All other policyholders may leave this area blank unless stated otherwise in your policy.

NOTE 3. THE FOLLOWING ARE COLLECTION AND CLAIM FILING PROCEDURES TO BE FOLLOWED BY YOU IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE POLICY (UNLESS A LTERNATE ACTION IS APPROVED IN WRITING BY THE INSURER):

a) You should make every effort to collect from the obligor. If you have not yet received a reply from the obligor as to the reasons for non-payment, you should write to the agent or sales representative, requesting assistance. (Copies of such correspondence must accompany the Proof of Loss Form if a claim is filed.)

b) If the obligor has not accepted the goods (under a non-letter of credit transaction):

You should not release the merchandise to the buyer on payment terms other than those originally agreed upon.

You should consider the possibility of reselling the merchandise on the local market or of arranging for the immediate return of the merchandise to the United States, and consult with the insurer before taking any such action.

c) Generally, you should make written demand for payment on the obligor and guarantor prior to claim submission. Rescheduling of maturity dates must not be granted by you unless specifically authorized by the insurer in writing or as specified in the policy for short-term sales.

d) In order to file a claim, you must submit a properly completed Proof of Loss Form. All pertinent questions on that form must be answered and documentation requested therein must be submitted.

e) REFER TO YOUR POLICY FOR INSTRUCTIONS ON WHEN A CLAIM SHOULD BE FILED.

REPORTING ADDITIONAL INFORMATION (To report information not included on the front of this report-form, you may use the space provided below to report that information. Numbers to the left refer to line-item number on the front of this form.)

ITEM

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

WHO TO CONTACT:

Please send or ask your insurance agent or broker to submit this completed form to:

EXPORT-IMPORT BANK OF THE U.S., INSURANCE DIVISION TEL (202) 565-3630
811 VERMONT AVE., N.W., WASHINGTON, DC 20571 FAX (202) 565-3675